



**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS UNITED STATES ARMY TRAINING AND DOCTRINE COMMAND**  
**102 MCNAIR DRIVE**  
**FORT MONROE, VIRGINIA 23651-1047**

REPLY TO  
ATTENTION OF

ATBO-M

4 June 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Suicide Prevention 2004

1. The taking of one's own life is always a tragic occurrence. Command emphasis on suicide prevention, combined with appropriate training and clinical intervention, will continue to ensure early identification and appropriate treatment of Soldiers at risk. While improvements in TRADOC's suicide prevention program are significant, and many initiatives have saved lives, suicides still remain a serious problem for TRADOC.

2. Over the past 4 years, 43% of TRADOC's suicides occurred during the June through September time period. Actual reasons for this increase are unknown, but we do know there are increased risk factors for suicide during the summer months: PCSs, hold-unders awaiting training, and activities that include the consumption of alcohol.

3. Soldiers enter the service with varying degrees of coping skills and they may not demonstrate indicators of personal problems or communicate the depth of their issues. Leaders at every level must have good situational awareness of the behaviors of troubled Soldiers. Leadership and mentorship are the two most effective resources in preventing suicide.

4. TRADOC reviews and analyzes all TRADOC Soldier suicides. Enclosed are post-suicide lessons learned from various installations. The underlying principles of these lessons learned are clear: Leaders must be trained to identify the signs of stress and those Soldiers at risk for suicide; and Soldiers must receive timely and appropriate help.



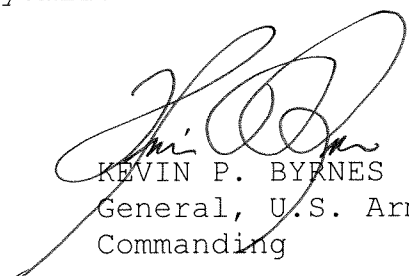
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5. Commanders are reminded of installation level support services available to leaders and Soldiers: chaplains, financial counselors, AER, Alcohol and Substance Abuse Program (ASAP) counselors, and mental health professionals stand ready to help TRADOC leaders care for their Soldiers.

6. TRADOC's POC for suicide prevention is Dr. Carole Van Aalten, TRADOC Risk Reduction Manager, (757) 788-4126, or carol.vanaalten@monroe.army.mil.

Encl



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## **Suicide Prevention Lessons Learned**

1. Soldiers with previous suicide attempts, a family history of suicide, poor coping skills, on-going psychiatric problems, alcohol abuse, and feelings of hopelessness are at high-risk for suicide.
2. Soldiers experiencing disciplinary action, financial problems, and multiple personal and professional stressors pose an increased risk for suicide. Often these Soldiers feel embarrassed, experience a loss of self-esteem and status, and are isolated from their family, friends, and other support systems.
3. Commanders set the stage for success in suicide prevention through leading by example and creating a supportive command climate.
  - a. Encouragement of non-attributional self-referral to mental health specialists and chaplains allows the Soldier to maintain control, and increases their motivation to change and resolve their problems.
  - b. Commanders should encourage leaders to attend Applied Suicide Intervention Skills Training (ASIST) for enhancement of important risk identification skills. Leaders at all levels should strive to maintain clear situational awareness and monitor their Soldiers for signs of stress and life crises.
  - c. IET Commanders have identified the requirement to have an Officer and NCO training and professional development program that ensures Initial Military Training (IMT) cadre can recognize the signs of stress and poor coping skills in new Soldiers.
  - d. Performance counseling of NCOs and Officers should periodically include the following as leaders mentor their subordinates: (1) the need to reduce the stigma associated with seeking mental health treatment; (2) a discussion of suicide risk identification in Soldiers, and (3) appropriate unit and installation level interventions available to care for soldiers.
  - e. Commanders should consult mental health professionals when considering placing a Soldier on Unit Watch. Periods of vulnerability are during transition from training events to appointments, and require positive control and supervision. Those entrusted as Unit Watch escorts will be thoroughly briefed on the importance of physically being with the Soldier at all times.
4. Commanders are reminded of the regulatory requirement to register privately owned weapons, and the requirement for securing weapons when Soldiers are despondent, show suicidal tendencies, or have attempted suicide.

Prepared by:  
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HQ TRADOC (ATBO-MD)  
26 May 2004